



15992 U.S. PTO

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19587 U.S. PTO
10/828942



PATENT

Attorney Docket No. CCF-6559NP

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of Inventor(s): **Isador H. Lieberman**

For (title): **APPARATUS FOR DEPOSITING BONE GRAFTING MATERIAL**

Enclosed are:

1. Papers Required for Filing Date Under 37 CFR 1.53(b):

- 7 Pages of specification
- 1 Pages Abstract
- 5 Pages of claims
- 2 Sheets of drawing
- ☒ formal (Figs. 1-7)
- ☐ informal

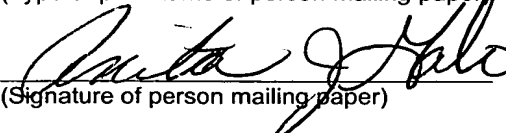
In addition to the above papers there is also attached: **An Information Disclosure Statement (2 pgs.); and PTO-Form 1449 (1 pg.); citing THREE (3) U.S. Patent Documents**

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date **April 21, 2004** in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number **ET-035757515US** addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Anita J. Galo

(Type or print name of person mailing paper)


(Signature of person mailing paper)

2. **Declaration or oath:**

☒ Enclosed (Executed)

☐ Not Enclosed.

3. **Language:**

☒ English

☐ Non-English

☐ A verified English translation of the

☐ specification and claims

☐ declaration

is attached.

4. **Assignment:**

☒ An assignment of the invention to The Cleveland Clinic Foundation

☒ is attached.

☐ will follow

5. **Certified Copy:**

Certified copy (ies) of application (s)

(Country)	(Appln. No.)	(Filed)
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(Country)	(Appln. No.)	(Filed)
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(Country)	(Appln. No.)	(Filed)
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from which priority is claimed

☐ is attached

☐ will follow

6. **Fee Calculation:**

(Small entity filing fee is 50% normal fee)

CLAIMS AS FILED					Basic Fee
Number Filed		Number Extra		Rate	
					\$ 385.00
Total Claims	15	-20 =	0 X	\$ 9.00	0.00
Independent Claims	3	- 3 =	0 X	\$ 43.00	0.00
Multiple dependent claim(s), if any			0 +	\$145.00	0.00

- ☐ Amendment canceling extra claims enclosed
- ☐ Amendment deleting multiple dependencies enclosed
- ☐ Fee for extra claims is not being paid at this time

Filing Fee Calculation

\$385.00

7. **Small Entity Statement**

- ☒ The present application will be assigned to and is being filed on behalf of a **small entity** as defined in 37 CFR 1.9 and 1.27(a)(3) (tax exempt organization) for purposes of paying reduced fees.

8. **Fee Payment Being Made At This Time:**

Enclosed:

- ☒ basic filing fee **\$385.00**
- ☒ assignment recordal fee **\$ 40.00**
- ☐ for processing an application with a specification in a non-English language \$ _____

Total fees enclosed

\$425.00

9. **Method of Payment Fees:**

- ☒ check in the amount of **\$425.00** enclosed.
- ☒ The Commissioner is hereby authorized to charge any **DEFICIENCY** in the filing fees for this application to our Deposit Account No. 20-0090.

10. **Instructions As to Overpayment:**

- ☒ refund

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SIGNATURE OF ATTORNEY, REG. NO. 40,871

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